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**\*BIBDATASHEET\***

CONFIRMATION NO. 6647

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/768,530 | <b>FILING OR 371(c)<br/>DATE</b><br>01/30/2004<br><b>RULE</b> | <b>CLASS</b><br>324 | <b>GROUP ART UNIT</b><br>2858 | <b>ATTORNEY<br/>DOCKET NO.</b><br>905P075CIP1(D) |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Jeffrey C. Richards, Baldwinsville, NY;  
 David A. Finlay SR., Marietta, NY;  
 Bruce F. Macbeth, Syracuse, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/725,525 11/29/2000 PAT 6,674,289

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/16/2004

|  |                                   |                                |                               |                                    |
|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>39 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged   | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

44564

**TITLE**

CIRCUIT PROTECTION DEVICE WITH GROUNDED NEUTRAL HALF CYCLE SELF TEST

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1112 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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